

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1													
2													
3													
4													
5													
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16													
17		5											
18		5											
19		5											
20		5											
21		5											
22		5											
23	1												
24													
25													
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33													
34													
35		2											
36													
37													
38		2											
39		1											
40													
41													
42													
43													
44													
45	1												
46													
47	1												
48													
49													
50													
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						
51													
52													
53													
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64													
65	1												
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67	1												
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86	1												
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88	1												
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95													
96													
97													
98													
99													
100													
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
101	/					51	/					
102	/					52	/					
103	/					53	/					
104	/					54	/					
105	/					55	/					
106	/					56	/					
107	/					57	/					
108	/					58	/					
109	/					59	/					
110	/					60	/					
111	/					61	/					
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137	/					87						
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139	/					89						
140	/					90						
141	/					91						
142	/					92						
143	/					93						
144	/					94						
145	/					95						
146	/					96						
147	/					97						
148	/					98						
149	/					99						
150	/					100						
TOTAL IND.	14					TOTAL IND.	14					
TOTAL DEP.						TOTAL DEP.	173					
TOTAL CLAIMS						TOTAL CLAIMS	187					